

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ATF \$150
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Bayfield Co. Zoning Dept.
JAN 13 2014

Permit #:	14-0008	ENTERED
Date:	2-4-14	
Amount Paid:	\$150 1-14-14	
Refund:		

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED →	<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVY	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER
Owner's Name: Rhonda Thacker DAWN E SIMONSON	Mailing Address: 61925 BABUSCO RD IRON RIVER WI	City/State/Zip: IRON RIVER WI 54802	Telephone: 715-373-4465				
Address of Property: 61925 BABUSCO RD	City/State/Zip: IRON RIVER WI 54802	Cell Phone: 715-413-0862					
Contractor:	Contractor Phone:	Plumber:					
Authorized Agent: (person signing Application on behalf of Owner(s)) LES DYE/STW	Agent Phone: 715-204-7411	Agent Mailing Address (include City/State/Zip): 62144 HEGSTROM RD. 715-4002 W.	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
PROJECT LOCATION NE 1/4, NW 1/4 LESS 2 parcels	Legal Description: (Use Tax Statement) 04-	PLN: (23 digits) 795	Recorded Document: (i.e. Property Ownership) Volume 795 Page(s) 642				
Section 13, Township 46 N, Range 08 W	Vol & Page 795 612	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage 37.01	
Town of: DELTA							
<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: 180' feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: 100' feet					

Value at Time of Completion * include donated time & material \$ 1,000	Project (what are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>Concrete</u>	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

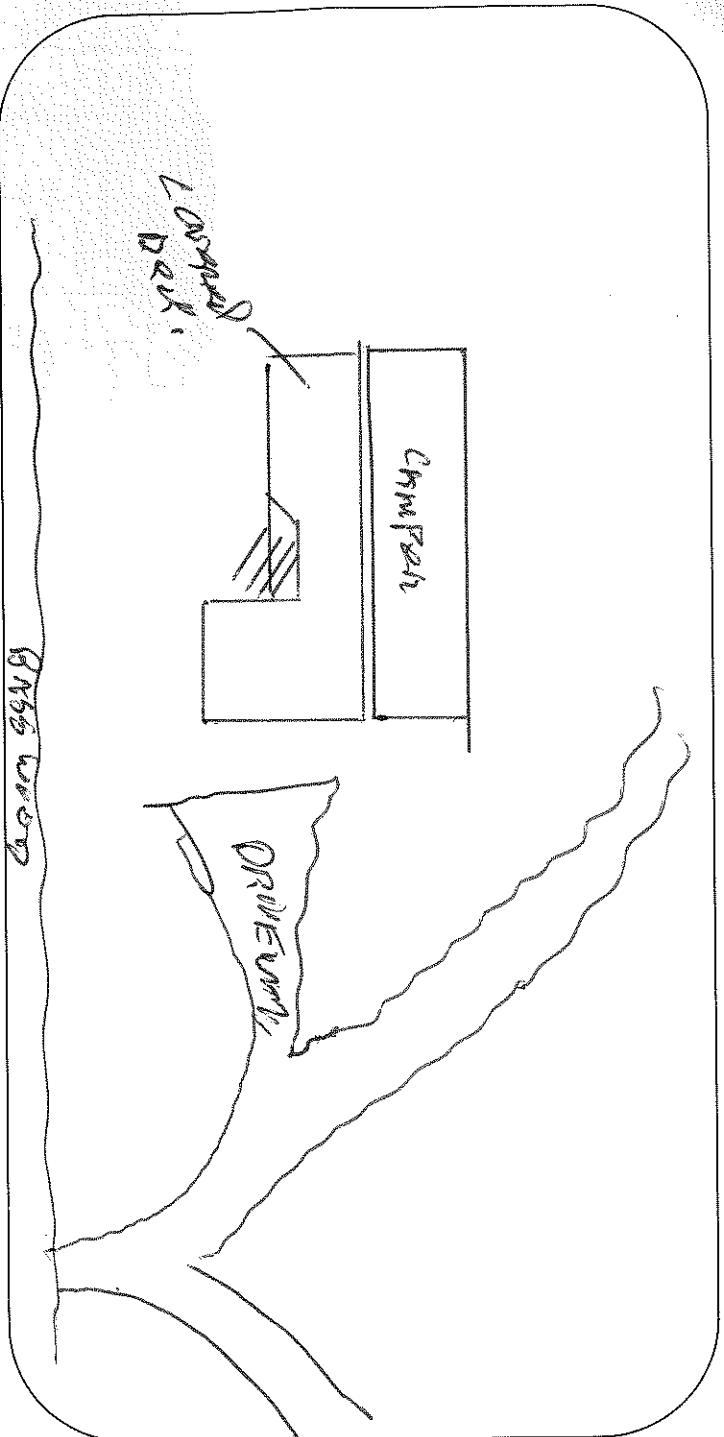
Proposed Use	<input checked="" type="checkbox"/>	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	<input type="checkbox"/> with a Porch	()	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Porch	()	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>	<input type="checkbox"/> with (2 nd) Deck	()	
<input type="checkbox"/> with Attached Garage	<input type="checkbox"/>	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	()	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	<input type="checkbox"/> Addition/Alteration (specify) <u>Covered deck</u>	()	
<input checked="" type="checkbox"/> Accessory Building (specify) _____	<input type="checkbox"/>	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	
<input type="checkbox"/> Special Use: (explain) _____	<input type="checkbox"/>	<input type="checkbox"/> Conditional Use: (explain) _____	()	
<input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/>	<input type="checkbox"/> Other: (explain) _____	()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date: _____
(If there are Multiple Owners listed on the Deed, all Owners must sign or letter(s) of authorization must accompany this application.)
Authorized Agent: _____ Date: 1-8-13
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application.)
Address to send permit: 62144 Hegstrom Rd, Ashland, WI 54806
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100 ft	Setback from the Lake (ordinary high-water mark)	100 ft
Setback from the Established Right-of-Way	100 ft	Setback from the River, Stream, Creek	120 ft
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line	N/A	Setback from Wetland	100 ft
Setback from the South Lot Line	N/A	Setback from 20% Slope Area	N/A
Setback from the West Lot Line	700 ft	Elevation of Floodplain	N/A
Setback from the East Lot Line	160 ft		
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	100 ft
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:			
Permit #: 14-0008	Permit Date: 2-4-14			
Is Parcel a Sub-Standard Lot:	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership:	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #:		Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection Record:

Meets all requirements.

Date of inspection: 1-29-14

Inspected by: M. Furbush

Condition(s) Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached)

Signature of Inspector	Michael Furbush	Date of Approval	2-3-14
Hold For Secretary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Attorney: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

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Bayfield County
Planning and Zoning Depart.
PO Box 56
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JAN 17 2014

Bayfield Co. Zoning Dept



Permit #:	14-0009
Date:	2-4-14
Amount Paid:	\$150 1-30-14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
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HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: David Simonson

Address of Property: Rhonda Thelacker

Flynn Eagle Resort

Contractor: Clayton & Lavie Childs (218) 525-9856

Authorized Agent: (Person Signing Application on behalf of Owner(s))

Mailing Address:

61935 Basswood Rd

Iron River, WI 54847

Telephone:

715-413-0562

City/State/Zip:

Delta, WI

Plumber:

Plumber Phone:

Contractor Phone:

Agent Mailing Address (include City/State/Zip):

Agent Phone:

Written Authorization Attached ☒ Yes ☐ No

PROJECT LOCATION

NE 1/4, NW 1/4

1553 parcels

Section 13

Township 46

N, Range 8

W

Town of:

Delta

Parcel: (23 digit)

04 016-2-4608-13-2 01-000-10000

Recorded Document: (i.e. Property Ownership) Volume 795 Page(s) 613

Gov't Lot

Lot(s)

CSM

Vol & Page

Lot(s) No.

Block(s) No.

Subdivision:

Lot Size

Acres

37.01

Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes--continue-->

Distance Structure is from Shoreline: 150' feet

Is Property in Floodplain Zone? ☐ Yes ☒ No

Are Wetlands Present? ☒ Yes ☐ No

Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes--continue-->

Distance Structure is from Shoreline: 200' feet

Non-Shoreland

Value at Time of Completion * include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 1,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Coall</u>	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with Loft	<input type="checkbox"/>	(X)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with a Deck	<input type="checkbox"/>	(X)	
<input type="checkbox"/> with (2 nd) Deck	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Mobile Home (manufactured date)	<input type="checkbox"/>	(X)	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Covered deck</u>	<input type="checkbox"/>	(10 X 20)	200
<input type="checkbox"/> Accessory Building (specify)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Rec'd for issuance	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Special Use: (explain)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Conditional Use: (explain)	<input type="checkbox"/>	(X)	
<input type="checkbox"/> Other: (explain)	<input type="checkbox"/>	(X)	

FEB 04 2014

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s):

Clayton Childs

Jane Childs

Date 1-16-14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 4318 Tioga St, Duluth MN 55804

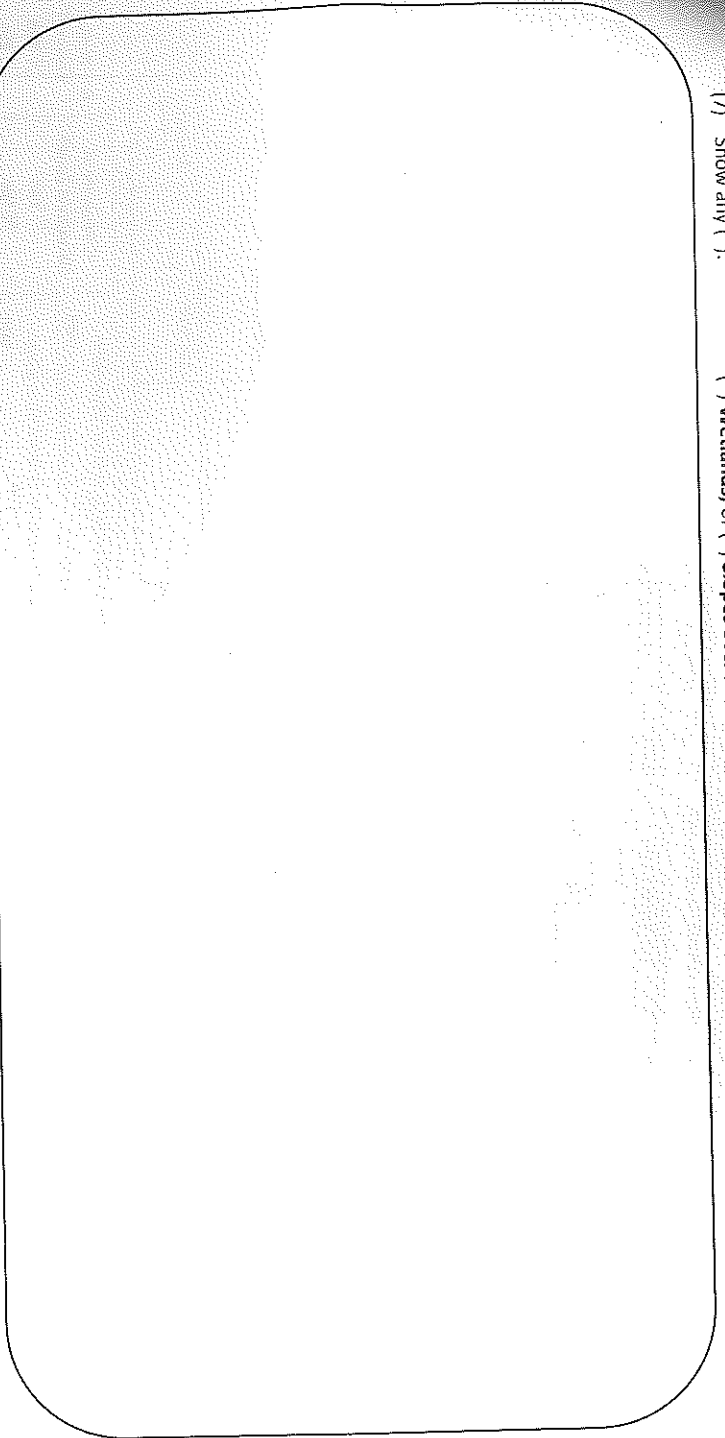
Attach

Copy of Tax Statement ☒
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100+ Feet	Setback from the Lake (ordinary high-water mark)	250+ Feet
Setback from the Established Right-of-Way	100+ Feet	Setback from the River, Stream, Creek	150+ Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	250+ Feet		
Setback from the South Lot Line	N/A Feet	Setback from Wetland	150+ Feet
Setback from the West Lot Line	1000+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	300+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	300+ Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0009		Permit Date: 2-4-14			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No		
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No		
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:		Were Property Lines Represented by Owner Was Property Surveyed			

Metzall requirements.

Date of inspection: 1-29-14

Inspected by: M. Futral

Zoning District: RRB
Lakes Classification: (3)

Condition(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No (If No they need to be attached)

Signature of Inspector:

Michael D. Smith

Date of Approval: 2-3-14

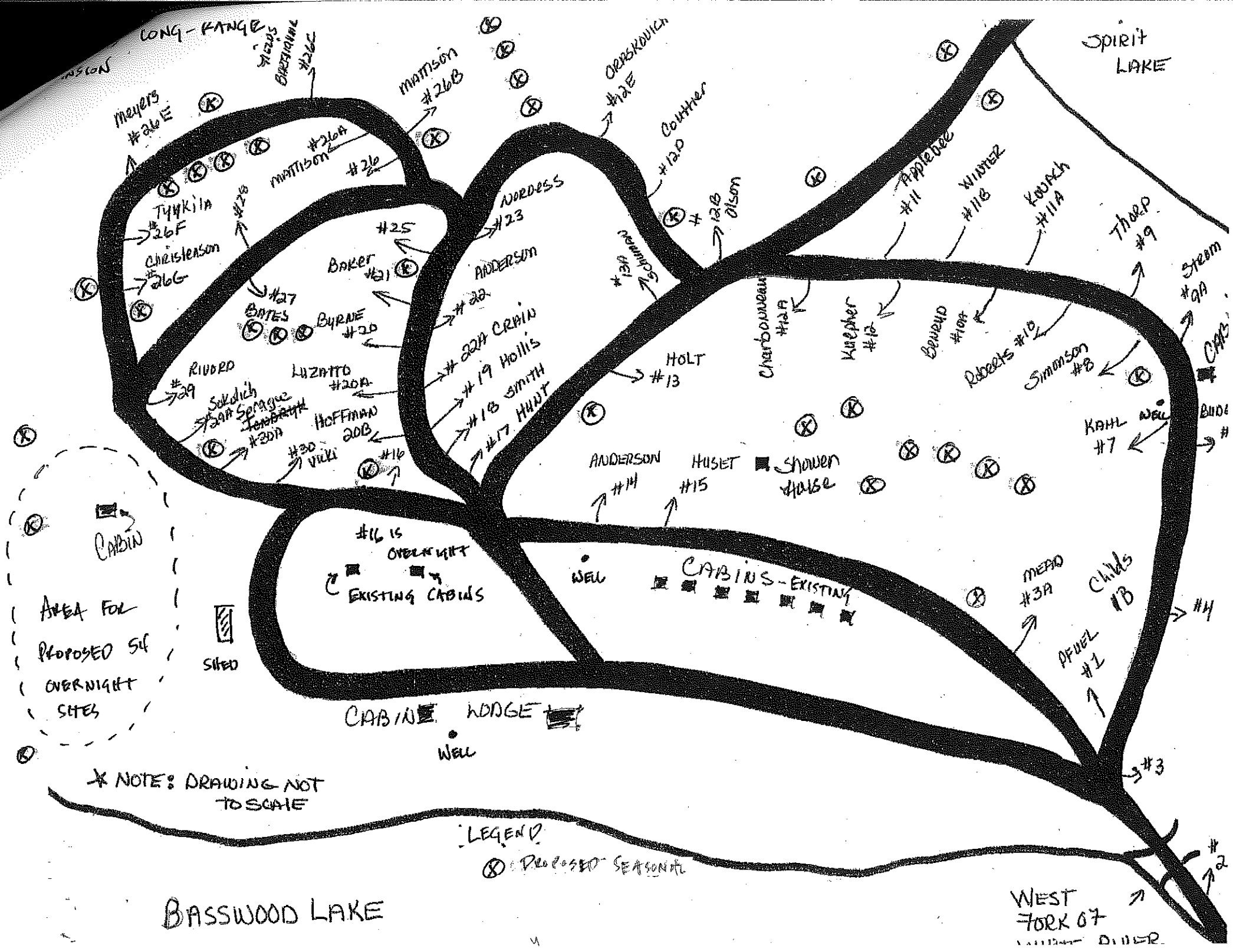
Hold For Sanitary: ☐

Hold For TBA: ☐

Hold For Affidavit: ☐

Hold For Fees: ☐

☐



* NOTE: DRAWING NOT TO SCALE

LEGEND
⊗ PROPOSED SEASONAL

BASSWOOD LAKE

WEST FORK OF RIVER
DINNER

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. **DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED.**

TO APPLICANT:

HOW DO I FILL OUT THIS APPLICATION (visit our website www.dayfieldcountry.org/zoning.asp)

Permit #:	14-0010
Date:	2-4-14
Amount Paid:	\$150 1-6-14
Refund:	

ENTERED

TYPE OF PERMIT REQUESTED →		LAND USE	SANITARY	PRIVATE	CONDITIONAL USE	SPECIAL USE	B.O.A.	OTHER
Owner's Name: <u>David Simonson</u>								
Address of Property: <u>Rhonda Tralacker</u>								
City/State/Zip: <u>Duluth MN 55803</u>								
Telephone: <u>715 373-4445</u>								
Cell Phone: <u></u>								
Contractor: <u>Leona Basswood Rd</u>								
Contractor Phone: <u></u>								
Plumber: <u>413-0562</u>								
Authorized Agent: (Person Signing Application on behalf of Owner(s))								
Agent Phone: <u>728-4481</u>								
Agent Mailing Address (include City/State/Zip): <u>site 3</u>								
Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
PROJECT LOCATION: <u>Max & Lisa Childs (218)</u>								
Legal Description: (Use Tax Statement)								
PIN: (23 digits) <u>04-04-016-2-44-08-13-201-0000</u>								
Recorded Document: (i.e. Property Ownership) <u>795</u>								
Volume <u>795</u>								
Page(s) <u>612</u>								
Subdivision: <u></u>								
NE 1/4, NW 1/4								
1235 2 parcels								
Gov't Lot								
Lot(s)								
CSM								
Vol & Page								
Lot(s) No.								
Block(s) No.								
Subdivision:								
Section <u>13</u> , Township <u>44</u> N, Range <u>8</u> W								
Town of: <u>Delta</u>								
Lot Size								
Acreage <u>37.01</u>								
<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?								
If yes---continue →								
Distance Structure is from Shoreline: <u>20+</u> feet								
Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
<input checked="" type="checkbox"/> Shoreland →								
If yes---continue →								
Distance Structure is from Shoreline: <u>20+</u> feet								
Is Property/Land within 1000 feet of Lake, Pond or Flowage								
If yes---continue →								
<input type="checkbox"/> Non-Shoreland								

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>1,000</u>	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Conv</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____			<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
		with Loft	(X)	
		with a Porch	(X)	
		with (2 nd) Porch	(X)	
		with a Deck	(X)	
		with (2 nd) Deck	(X)	
<input type="checkbox"/> Commercial Use		with Attached Garage	(X)	
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Covered deck</u>	(10 X 30)	300
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
Rec'd for Issuance				
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	<input type="checkbox"/>	Other: (explain) _____	(X)	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT TO STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): MAGS BOB CRILL
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____

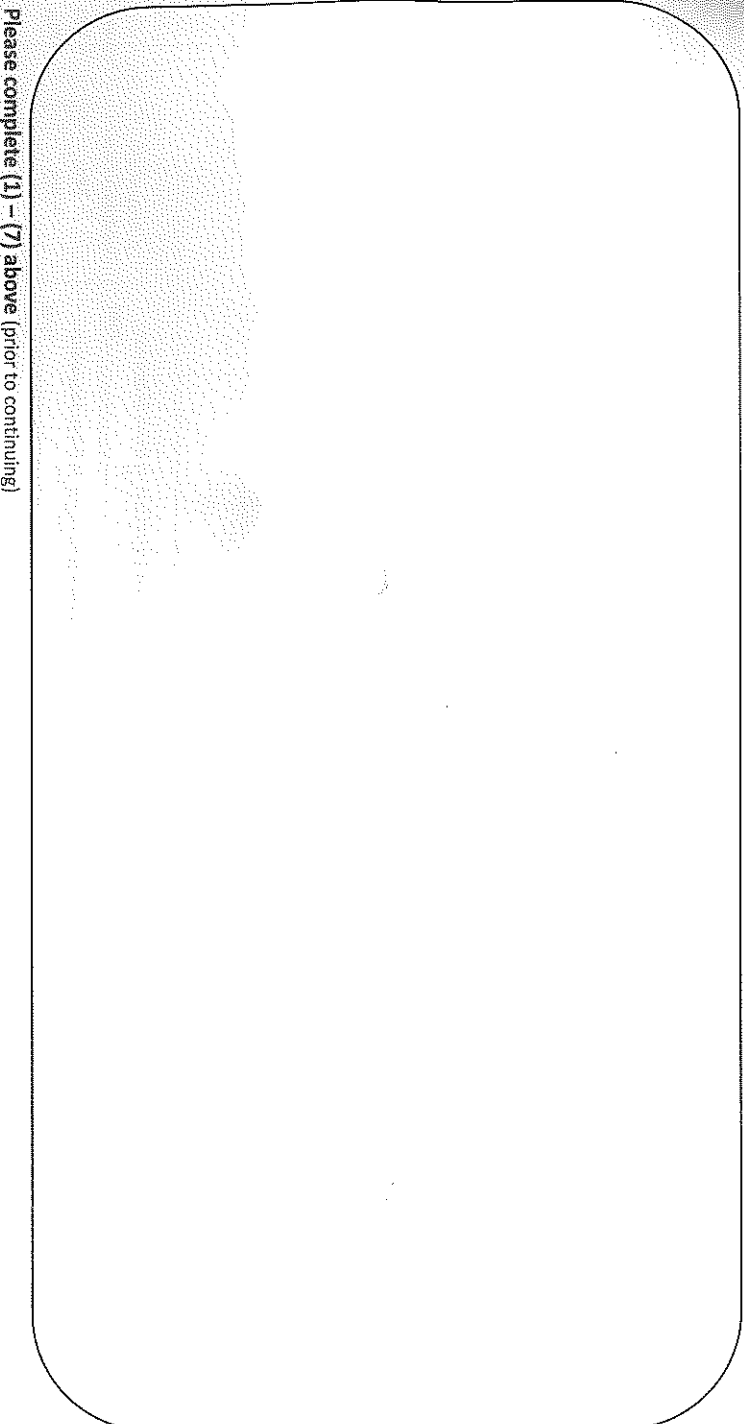
Address to send permit 5235 Howard Street Duluth, MN 55803

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100' Feet	Setback from the Lake (ordinary high-water mark)	100' Feet
Setback from the Established Right-of-Way	100' Feet	Setback from the River, Stream, Creek	150' Feet
Setback from the North Lot Line	NA Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	100' Feet
Setback from the West Lot Line	700' Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	150' Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	200' Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

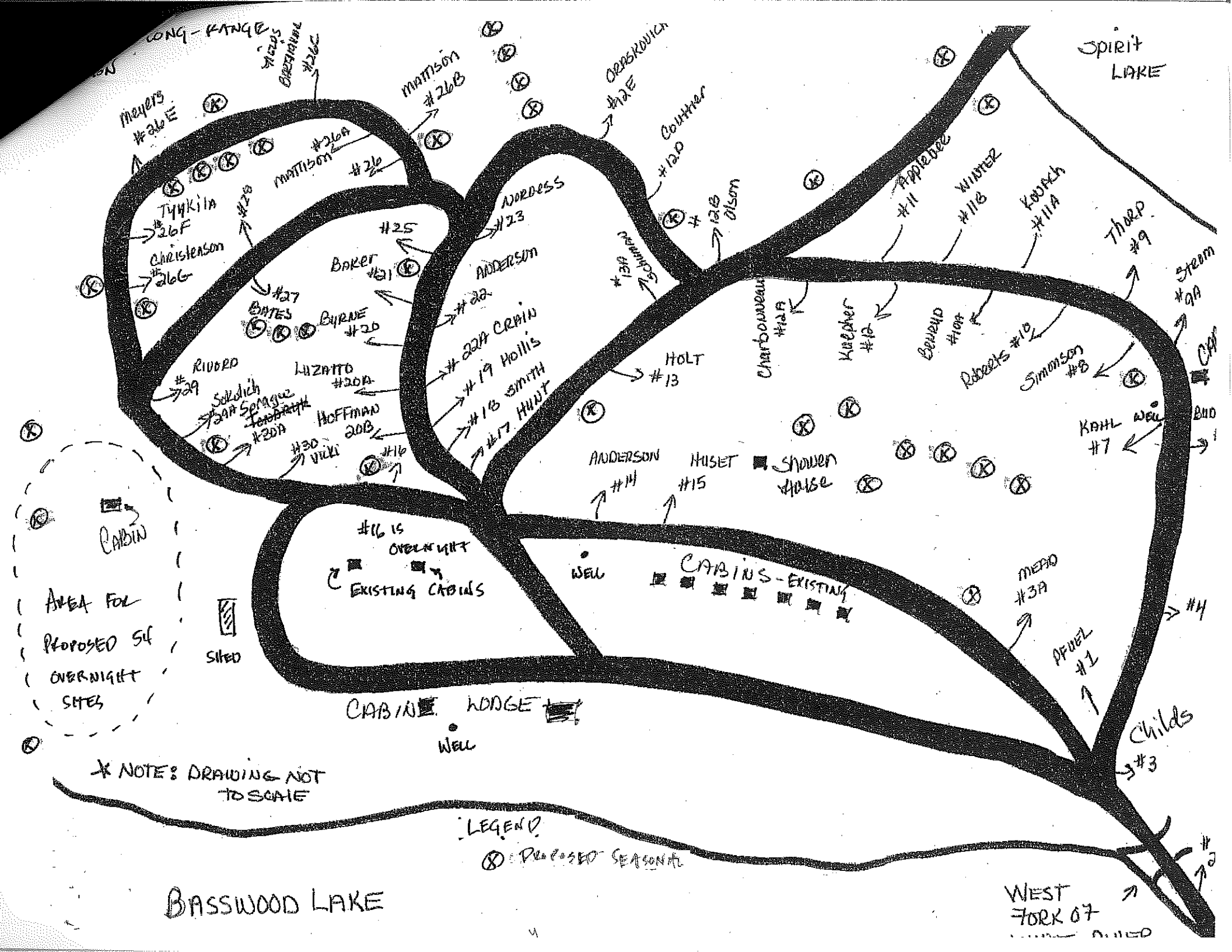
NOTICE: All land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0010		Permit Date: 8-4-14		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Case #:		Case #:		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (RKB)		
Metcalf Acquisition Co.		Lakes Classification (3)		
Date of Inspection: 1-29-14		Inspected by: M. Furtak		Date of Re-Inspection:
Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)				

Signature of Inspector: Michael Furtak	Date of Approval: 2-3-14
Head For SANITARY: <input type="checkbox"/>	Head For TWA: <input type="checkbox"/>
Head For ADA: <input type="checkbox"/>	Head For Fees: <input type="checkbox"/>



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ATF \$150
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JAN 06 2014
Bayfield Co. Zoning Dept.

ENTERED
Permit #: 14-0011
Date: 2-4-14
Amount Paid: \$1501-16-14
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILE OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>David Simonson</u>	Mailing Address: <u>same</u>	City/State/Zip: <u>Flying Eagle Resort</u>	Telephone: <u>715 373-4615</u>
<u>Rhonda Thacker</u>	City/State/Zip: <u>site #20</u>		Cell Phone: <u>413-0562</u>
Address of Property: <u>3355 Wood Rd</u>	Contractor Phone: <u>817-5653</u>	Plumber:	Plumber Phone:
<u>Iron River, WI 54847</u>			
Contractor: <u>Ronald & Suzanne King</u>	Agent Phone: <u>817-5653</u>	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))			
<u>Ronald & Suzanne King (715)</u>			
PROJECT LOCATION: <u>NE 1/4, NW 1/4</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-0163-46-08-13-2 01-000-10000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>795</u> Pages <u>612</u>
<u>less 2 parcels</u>	Gov't Lot	Lot(s)	CSM
<u>Section 13, Township 46 N, Range 8 W</u>	Vol & Page	Lot(s) No.	Block(s) No.
		Lot Size	Acreage <u>37.01</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: <u>500+</u> feet	Is Property in Floodplain Zone? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: <u>500+</u> feet		

Value at Time of Completion * include donated time & material <u>\$3000.00</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: <u>OPEN</u>	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>OPEN</u>	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>OPEN</u>		
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)			
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
	<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>36'</u>	Width: <u>18'</u>	Height: <u>OPEN</u>
Proposed Construction:	Length: <u>36'</u>	Width: <u>18'</u>	Height: <u>LEAD TAIL</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<u>36</u> x <u>18</u>)	<u>648</u>
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>36</u> x <u>18</u>)	<u>648</u>
	with Loft	(<u>36</u> x <u>18</u>)	<u>648</u>
	with a Porch	(<u>36</u> x <u>18</u>)	<u>648</u>
	with (2 nd) Porch	(<u>36</u> x <u>18</u>)	<u>648</u>
	with a Deck	(<u>36</u> x <u>18</u>)	<u>648</u>
	with (2 nd) Deck	(<u>36</u> x <u>18</u>)	<u>648</u>
<input type="checkbox"/> Commercial Use	with Attached Garage	(<u>36</u> x <u>18</u>)	<u>648</u>
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(<u>36</u> x <u>18</u>)	<u>648</u>
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Mobile Home (manufactured home)	(<u>36</u> x <u>18</u>)	<u>648</u>
	<input checked="" type="checkbox"/> Addition/Alteration (specify: <u>back entryway (opened NOT enclosed)</u>)	(<u>36</u> x <u>18</u>)	<u>648</u>
	<input type="checkbox"/> Accessory Building (specify: <u>shed</u>)	(<u>36</u> x <u>18</u>)	<u>648</u>
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify: <u>shed</u>)	(<u>36</u> x <u>18</u>)	<u>648</u>
	Special Use: (explain)	(<u>36</u> x <u>18</u>)	<u>648</u>
	Conditional Use: (explain)	(<u>36</u> x <u>18</u>)	<u>648</u>
	Other: (explain)	(<u>36</u> x <u>18</u>)	<u>648</u>

Secretarial Staff: RECEIVED FEB 04 2014

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Ronald & Suzanne King (signature) 5175
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Suzanne King (signature) 5175
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 4471 E. Twin Creek Rd Superior, WI 54880
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

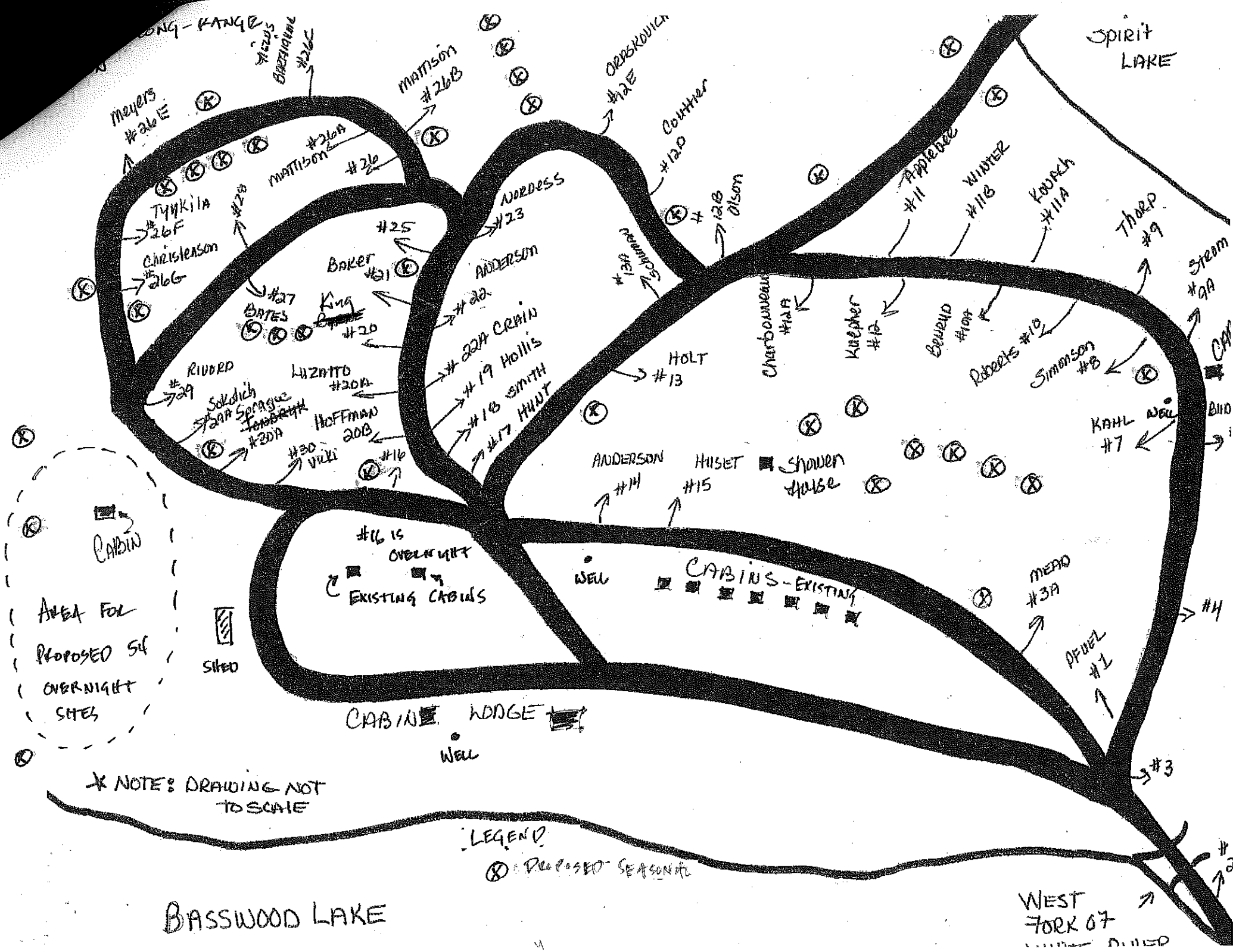
Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road			
Setback from the Established Right-of-Way	200' Feet	Setback from the Lake (ordinary high-water mark)	500' Feet
	200' Feet	Setback from the River, Stream, Creek	500' Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	200' Feet		
Setback from the South Lot Line	N/A Feet	Setback from Wetland	500' Feet
Setback from the West Lot Line	500' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	300' Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	200' Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		
Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.			
Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.			

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:		# of bedrooms:		Sanitary Date:	
Permit Denied (Date):		Reason for Denial:					
Permit #: 140011		Permit Date: 8-4-14					
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) Yes <input checked="" type="checkbox"/> No		Case #:		Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Inspection Record: Meets all requirements.							
Date of Inspection: 1-29-14		Inspected by: M. Tuttle		Zoning District (RRB)		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (if No they need to be attached.)							
Signature of Inspector: Michael Tuttle		Date of Approval: 2-3-14					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	



BASSWOOD LAKE

WEST FORK OF

LEGEND

⊗ PROPOSED SEASONAL

* NOTE: DRAWING NOT TO SCALE

AREA FOR PROPOSED SE OVERNIGHT SITES

CABIN

CABIN WIDGE

WELL

#16 IS OVERNIGHT EXISTING CABINS

WELL

CABINS - EXISTING

SHOWER HOUSE

HUISET #15

ANDERSON #14

#17 HUNT

#18 SMITH

#19 HOLLIS

#20A CRABIN

ANDERSON #22

NORDRESS #23

BAKER #21

BATES #27

RIVERO #29

SOLDICH #29A

SPRAGUE #29B

LIZANTO #20A

HOFFMAN #20B

VILLI #30

HOLT #13

CHARBONNEAU #12A

KREPPER #12

BEVELD #10A

ROBERTS #10

SIMMONSON #8

KAHL #7

THORP #9

STEAM #9A

CHP

BLD

SPIRIT LAKE

APPLEDOCK #11

WINTER #11B

KOURCH #11A

COUTNER #12A

OLSON #12B

SCHMIDT #12C

ANDERSON #14

MATTISON #26B

MATTISON #26A

TYKKILA #26F

CHRISTLESON #26G

MEYERS #26E

LONG-RANGE

WILSON'S BATHHOUSE

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)
JAN 24 2014
Bayfield Co. Zoning Dept.

Permit # 14-0018
Date: 2-4-14
Refund Paid: \$150
1-27-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER									
Owner's Name: <u>David C Simonsen</u> Address of Property: <u>61925 Basswood Road</u> Contractor: <u>Iron River WI 54806</u>	Mailing Address: <u>61925 Basswood Road</u> City/State/Zip: <u>Iron River WI 54806</u>	Telephone: <u>373-4615</u> Cell Phone: <u>413-0562</u>							
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>David Sk Jones</u>	Agent Phone: <u>715-682-2911</u> PIN: (23 digits) <u>04-094-016-2-46-08-13-201</u>	Agent Mailing Address (Include City/State/Zip): <u>62704 Oakstrom Rd</u> <u>Ashtland WI 54806</u> Recorded Document: (i.e. Property Ownership) <u>795</u> Page(s) <u>612</u>							
PROJECT LOCATION <u>NE 1/4, NW 1/4</u>	Gov't Lot <u>1/4</u>	Lot(s) <u>1/4</u>	CSM <u>1/4</u>	Vol & Page <u>1-14</u>	Lot(s) No. <u>1-14</u>	Block(s) No. <u>1-14</u>	Subdivision: <u>Camp STE</u>	Lot Size <u>1-14</u>	Acreage <u>37.01</u>
Section <u>13</u> , Township <u>46</u> N, Range <u>8</u> W	Town of: <u>Delta</u>								

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? →	Distance Structure Is from Shoreline: <u>150+</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →	Distance Structure Is from Shoreline: <u>100+</u> feet		
<input type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material <u>\$ 500</u>	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water							
							<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: <u>COMU</u>	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	Specify Type: _____	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> Foundation	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None							

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use <input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	Proposed Structure	<input type="checkbox"/> Principal Structure (first structure on property)	()	Square Footage
		<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	
		<input type="checkbox"/> with Loft	()	
		<input type="checkbox"/> with a Porch	()	
		<input type="checkbox"/> with (2 nd) Porch	()	
		<input type="checkbox"/> with a Deck	()	
		<input type="checkbox"/> with (2 nd) Deck	()	
		<input type="checkbox"/> with Attached Garage	()	
		<input type="checkbox"/> Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	()	
		<input type="checkbox"/> Mobile Home (manufactured date)	()	
<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>deck</u>	(10 x 16)	100		
<input type="checkbox"/> Accessory Building (specify) _____	()			
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()			
Rec'd for Issuance	Special Use: (explain) _____	()		
FEB 04 2014	Conditional Use: (explain) _____	()		
	Other: (explain) _____	()		

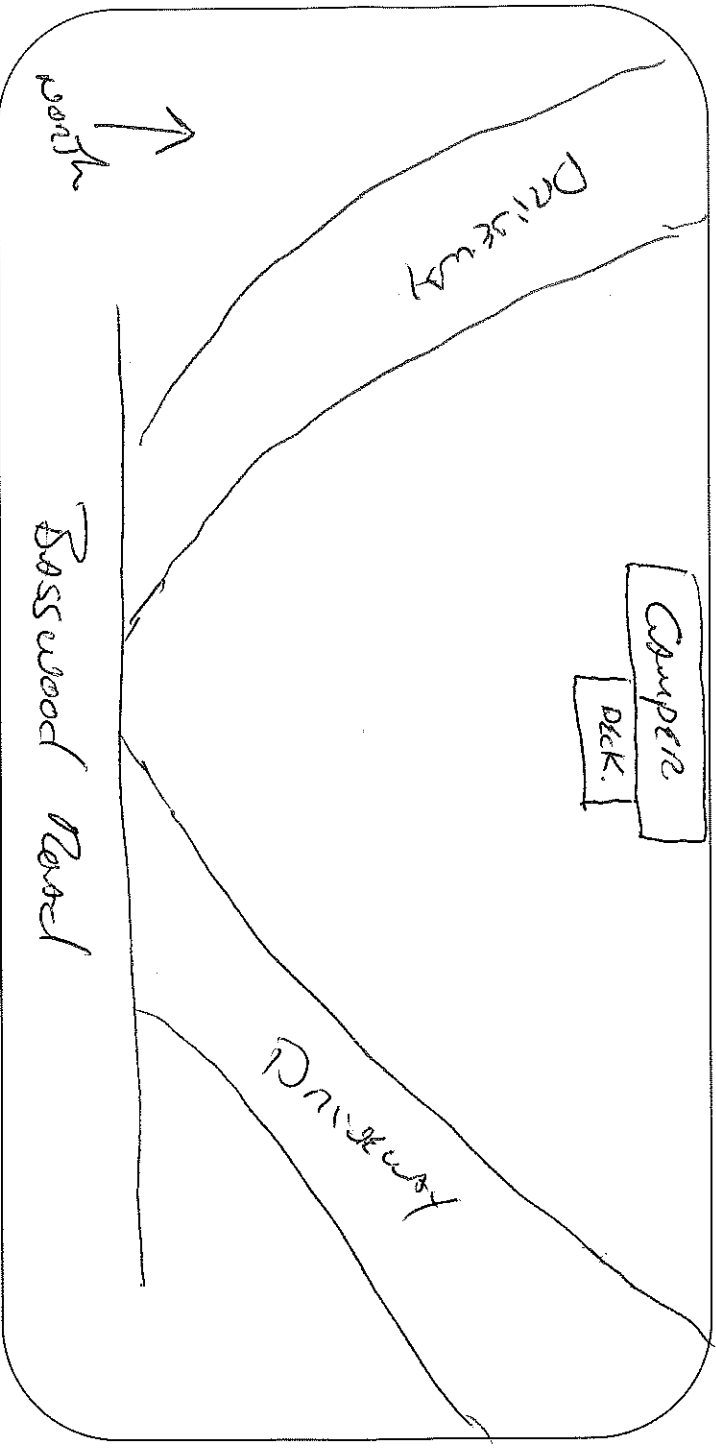
Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit 62704 Oakstrom Rd, Ashland, WI 54806
Copy of Tax Statement ✓
If you recently purchased the property send your Recorded Deed

the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

- Proposed Construction**
- (1) Show Location of: North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River, (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100+ Feet	Setback from the Lake (ordinary high-water mark)	150+ Feet
Setback from the Established Right-of-Way	100+ Feet	Setback from the River, Stream, Creek	150+ Feet
Setback from the North Lot Line	N/A Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	N/A Feet	Setback from Wetland	100+ Feet
Setback from the West Lot Line	400+ Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	150+ Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	N/A Feet	Setback to Well	200+ Feet
Setback to Drain Field	N/A Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

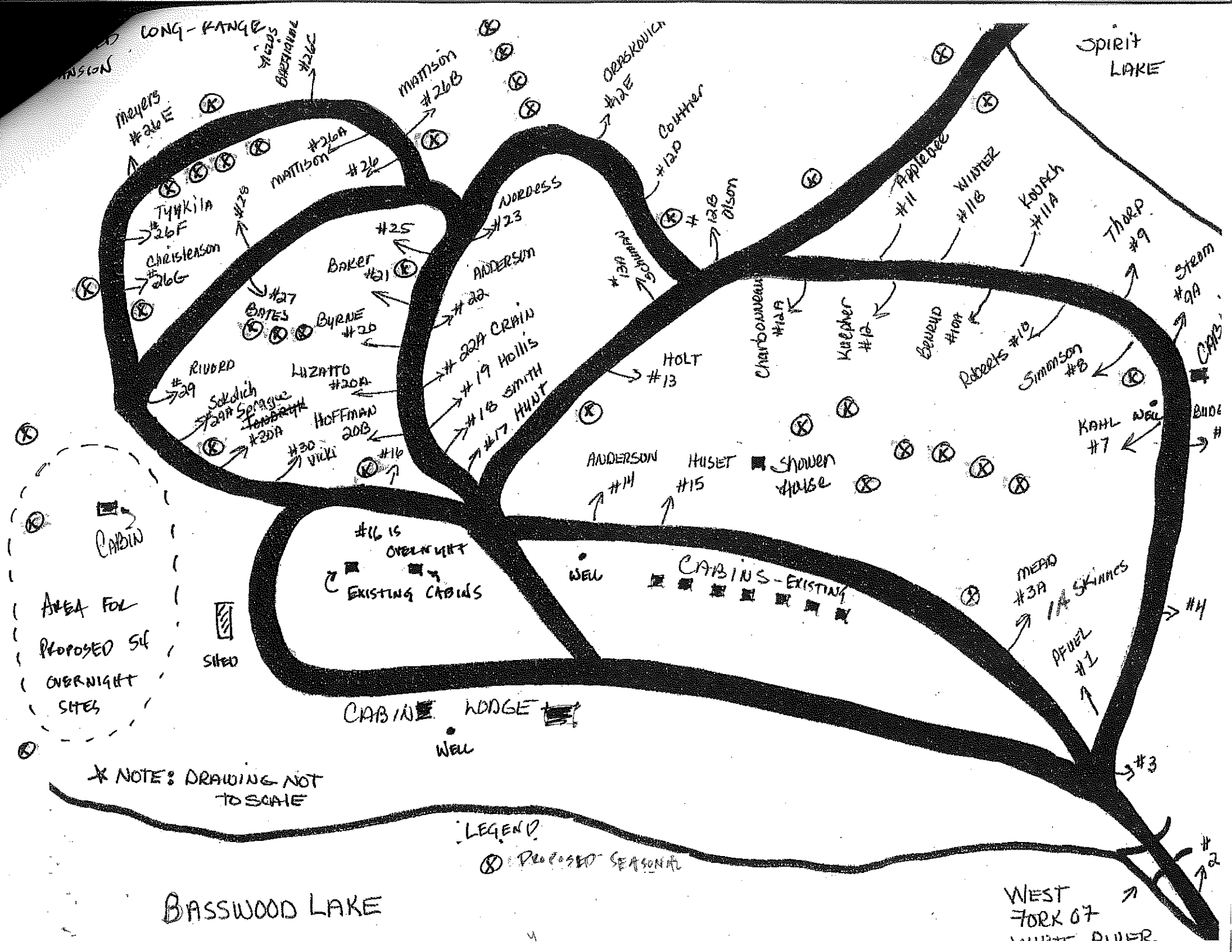
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0018		Permit Date: 2-4-14			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)		<input checked="" type="checkbox"/> No	
Is Parcel In Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))		<input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	
Granted by Variance (B.O.A.)		Case #:		Previously Granted by Variance (B.O.A.)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	
Inspected by: M. Furtak		Zoning District (RAB)		Date of Re-Inspection:	
Date of Inspection: 1-29-14		Lakes Classification (3)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No – (If No they need to be attached.)					
Signature of Inspector: Michael G. Furtak					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				<input type="checkbox"/>	
				Date of Approval: 2-3-14	



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

ATF \$150
APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DEC 3 0 2013

Permit #	14-0013
Date	2-4-14
Amount Paid:	\$150 12-30-13
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED → ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: <u>David Swanson</u>	Mailing Address: <u>4925 Basswood Rd, Iron River, WI 54847</u>	Telephone: <u>715-372-4445</u>						
Address of Property: <u>Flying Eagle Resort</u>	City/State/Zip: <u>Iron River, WI 54847</u>	Cell Phone: <u>715-413-0562</u>						
Contractor: <u>Gary Sprague (Sitelease)</u>	Contractor Phone: <u>Site 30-A</u>	Plumber Phone:						
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):						
PROJECT LOCATION: <u>NE 1/4, NW 1/4, less 2 parcels in V-795, P 62a</u>	Legal Description: (Use Tax Statement) <u>04-016-2-46-08-13-2-01-000-10000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>795</u> Page(s) <u>612</u>						
GOVT Lot	Lot(s)	CSM	Vol & Page	Lot(s) No.	Block(s) No.	Subdivision:	Lot Size	Acreage <u>37.01</u>
Distance Structure is from Shoreline: <u>700</u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Written Authorization Attached <u>on file</u> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<input checked="" type="checkbox"/> Shoreland →	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If YES—continue →	Distance Structure is from Shoreline: <u>700</u> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If YES—continue →	Distance Structure is from Shoreline: <u>700</u> feet	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$1,000	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Canny</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	()	()
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	()	()
	with Loft	()	()
	with a Porch	()	()
	with (2 nd) Porch	()	()
	with a Deck	()	()
	with (2 nd) Deck	()	()
<input type="checkbox"/> Commercial Use	with Attached Garage	()	()
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	()	()
	Mobile Home (manufactured date) _____	()	()
<input type="checkbox"/> Municipal Use	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>covered deck</u>	(12 x 30)	240
	<input type="checkbox"/> Accessory Building (specify) _____	()	()
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	()	()
Rec'd for Issuance	Special Use: (explain) _____	()	()
	Conditional Use: (explain) _____	()	()
	Other: (explain) _____	()	()

Signature of Applicant: _____
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
The undersigned hereby certifies that the information provided on this application is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Gary & Sprague
(If there are multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Date Dec. 26 - 13
Address to send permit 17130 Sotherland Rd, Mason, 54856
Copy of Tax Statement ☒
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

See attachments

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	100+ Feet	Setback from the Lake (ordinary high-water mark)	700+ Feet
Setback from the Established Right-of-Way	100+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	430+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	300+ Feet
Setback from the West Lot Line	250+ Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	1000+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	200+ Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0013		Permit Date: 2-4-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Case #:	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:	Metc all requirements.					
Date of Inspection: 1-29-14	Inspected by: M. Fustala	Zoning District: (RRB)	Lot Classification: (3)	Date of Re-Inspection:		
Conditional(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)						

Signature of Inspector: Michael Gudel	Date of Approval: 2-3-14		
Hold For Survey: <input type="checkbox"/>	Hold For Title: <input type="checkbox"/>	Hold For Assess: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

